

Firm name_____

Year_____

Email address_____

Period January-June ☐ July-December ☐
(report due 30 days following end of the semi-annual period)

Zip code <i>Required</i>	Town or City	County <i>Required</i>	Number of Mitigations <i>Required</i>	Initial radon Activity (pCi/L)	Type of building or house *	Type of mitigation system installed **	Date of the mitigation	Post mitigation radon activity (pCi/L)

* **EXAMPLE: residential** (ranch, 2 story colonial, etc) or **commercial** (school, apartment building, etc.)

** **EXAMPLE:** active subslab depressurization (**ASD**) /radon resistant new construction (**RRNC**)/crawl space depressurization (**CSD**) /depressurization/air to air heat exchanger/block wall depressurization (**BWD**)/submembrane depressurization (**SMD**)

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